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Date: **June 23, 2005**

File Number: **9362-4**

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To: **Mail Stop AF**
Examiner: Levy, Neil S.
Group Art Unit: 1615

Company: **United States Patent and Trademark Office**

From: **Needham James Boddie, II**

Number of Pages: **13**
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JUN 23 2005

**RESPONSE UNDER 37 C.F.R. 1.116 - EXPEDITED
PROCEDURE - EXAMINING GROUP 1615**

Attorney's Docket No. 9362-4

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Williams *et al.*

Confirmation No.: 9764

Serial No.: 10/662,621

Group Art Unit: 1615

Filed: September 15, 2003

Examiner: Levy, Neil S.

For: **CARBON DIOXIDE-ASSISTED METHODS OF PROVIDING
BIOCOMPATIBLE INTRALUMINAL PROSTHESES**

Date: June 23, 2005

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an AMENDMENT in the above-identified patent application.

☐ Applicant claims small entity status. See 37 CFR §1.27.☐ No additional fee is required.☒ The fee has been calculated as shown below:

(COL. 1)		(COL. 2)	(COL. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	RATE	ADDIT. FEE	OR RATE	ADDIT. FEE
Total	24	26	= 2	x 25=	\$	x 50=	\$100.00
Indep	10	2	= 8	x 100=	\$	x 200=	\$1,600.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+180=	\$	+360=	\$
				Total Add. Fee \$		OR Total	\$1,700.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

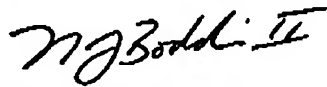
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

In re: Williams *et al.*
Serial No.: 10/662,621
Filed: September 15, 2003
Page 2

- ☒ Please charge my Deposit Account No. 50-0220 in the amount of \$1,700.00 for additional Independent and Dependent claims.
- ☐ A check in the amount \$ _____ to cover _____ is enclosed.
- ☒ The Commissioner is hereby authorized to charge the appropriate fees associated with this communication or credit any overpayment to Deposit Account No. 50-0220.

Respectfully submitted,

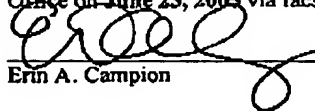


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CERTIFICATION OF FACSIMILE TRANSMISSION UNDER 37 CFR § 1.8

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06/24/2005 TL0111 00000024 500220 10662621

01 FC:1201 1600.00 DA
02 FC:1202 100.00 DA**SUBSTITUTE AMENDMENT IN RESPONSE TO
FINAL OFFICE ACTION OF MAY 4, 2005**

Sir:

Applicants provide the present Substitute Amendment to address the issues raised in the Final Office Action (the "Final Action") mailed May 4, 2005. Applicants provide the present Substitute Amendment pursuant to the rules stated in revised 37 C.F.R. 1.121 that became effective on July 30, 2003.

The Final Action indicates dependent Claims 8-10, 12, 13, 20, 21 and 23-25 as being allowable if rewritten in independent form, including all of the limitations of the base claim and any intervening claims. Applicants have rewritten dependent Claims 8-10, 12, 13, 20, 21 and 23-25 in independent form.

It is not believed that an extension of time is required. In the event, however, that an extension of time is necessary to allow consideration of this paper, such an extension is hereby petitioned under 37 C.F.R. §1.136(a). Any additional fees believed to be due in connection with this paper may be charged to our Deposit Account No. 50-0220.